THE ROYAL NEW ZEALAND COLLEGE OF GENERAL PRACTITIONERS

CPD programme

2017–2020
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Preface

This booklet outlines the continuing professional development requirements for Fellows and registrars of The Royal New Zealand College of General Practitioners ("the College") for the 2017–2020 triennium period.

There have been a number of recent changes in doctor recertification requirements internationally. In the United Kingdom, doctors are now required to go through a revalidation process every five years, which includes an annual appraisal visit. The Medical Board of Australia has recently released a discussion paper on revalidation options for the Australian context.

The Medical Council of New Zealand (MCNZ) has also adopted a new set of principles for recertification programmes and has recently circulated a consultation document on a set of proposed changes to recertification programmes.

Members were informed at the end of 2016 that the College was implementing a one-year continuing professional development (CPD) programme for all members for 2017, in order to allow time for us to consider the MCNZ proposals and to consult with members around the changes. The College has surveyed its members and has responded to the MCNZ consultation.

Whilst we expect that changes to our CPD requirements will be required in the longer term, we do not expect that the outcomes of this consultation and the final MCNZ requirements will be available in the short term.

With that in mind, we have now extended the current programme requirements over the full 2017–2020 triennium period. We believe that this will be fairer to our members, and provide adequate time for us to consider any changes that may be necessary.

We are grateful for the feedback provided by members to our CPD survey and will take account of feedback received before implementing any changes.
Introduction

This document sets out the College’s CPD requirements for the years 2017–2020.

The goal of the College’s CPD programme is to contribute towards maintaining and improving the quality of general practice in New Zealand by encouraging meaningful professional development that results in improved patient care.

The programme aims to:

➤ promote enhanced doctor performance and improved health outcomes, patient care and safety.
➤ encourage self-directed, planned learning and reflection on learning activities through all competence domains of general practice.
➤ promote enhanced collegial engagement and review.

The programme is designed to enable vocationally registered general practitioners to comply with the recertification requirements for medical practitioners set by the MCNZ.

These requirements are that CPD programmes must contain an annual audit of medical practice, annual peer review activities and continuing medical education activities. In addition, the MCNZ principles suggest that recertification activities should be:

➤ evidence based
➤ formative in nature
➤ informed by relevant data
➤ based in the doctor’s actual work and workplace setting
➤ profession led
➤ informed by public input and referenced to the Code of Consumers’ Rights
➤ supported by employers.

This book provides the regulations and requirements for the College’s triennium CPD programme. These requirements are broad and allow considerable flexibility for doctors to undertake activities in areas that they feel will be useful for their development.
## Overview

The triennium CPD programme requirements

<table>
<thead>
<tr>
<th>Professional development plan</th>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>To claim credits, this plan must be reviewed by a peer group or colleague</td>
<td>2 per year</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audit of medical practice</th>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>(clinical audit/quality improvement activities)</td>
<td>10 per audit cycle</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Peer review activities</th>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General peer review activities</td>
<td>1 per learning hour</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuing medical education (CME)</th>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General CME activities: endorsed activities, research, postgraduate study, practice improvement activities and collegial activities (including teaching).</td>
<td>1 per learning hour</td>
<td>45</td>
</tr>
<tr>
<td>Individually planned learning (any learning activities undertaken that contribute to learning goals, including self-designed activities such as reading and participation in other non-endorsed activities)</td>
<td>1 per learning hour</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resuscitation skills</th>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Cardiac Life Support course (ACLS) – participation in a College-endorsed course every 3 years</td>
<td>8 For an NZRC CORE Skills or CORE Immediate course, or equivalent</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cultural competence</th>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 per hour of any appropriate activity</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional credits required</th>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29</td>
<td>29</td>
</tr>
</tbody>
</table>

### TOTAL

<table>
<thead>
<tr>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>150</td>
</tr>
</tbody>
</table>

Category definitions and explanations can be found in Part 2 of this book.

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1. The exception to this rule is the credits assigned for Collegial Review (10 credits for both reviewer and reviewee).
2. The exception to this rule is for points allocated for university certificates, diplomas and degrees (150 credits for a 15-point paper and 300 credits for a 30-point paper) and Collegial Review, for which 68 credits can be claimed by the reviewee and 40 by the reviewer.
3. Participants in ACLS courses that are longer than one full day may claim credits on a per education hour basis, to a maximum of 40 credits per course. Credits additional to the 12 allowed for resuscitation skills can be claimed in the CME category.
4. To reach a total of 150 credits, an additional 29 credits will need to be completed in any of the above categories.
### The annual CPD programme requirements

<table>
<thead>
<tr>
<th>Professional development plan</th>
<th>Credits allocated</th>
<th>Minimum credits per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>To claim credits, this plan must be reviewed by a peer group or colleague</td>
<td>2 per year</td>
<td>2</td>
</tr>
</tbody>
</table>

| Audit of medical practice | | 10 |
| (clinical audit/quality improvement activities) | 10 per audit cycle | 10 |

| Peer review activities | | 10 |
| General peer review activities | 1 per learning hour⁵ | 10 |

| Continuing medical education (CME) | | 15 |
| General CME activities: endorsed activities, research, postgraduate study, practice improvement activities and collegial activities (including teaching). | 1 per learning hour⁶ | 15 |
| Individually planned learning (any learning activities undertaken that contribute to learning goals, including self-designed activities such as reading and participation in other non-endorsed activities) | 1 per learning hour | 15 |

| Resuscitation skills | | 8 |
| Advanced Cardiac Life Support course (ACLS) – participation in a College-endorsed course every 3 years | For an NZRC CORE Skills or CORE Immediate course, or equivalent | 8 |
| For an NZRC CORE Advanced course, or equivalent⁷ | 12 |

| Cultural competence | | 1 |
| per hour of any appropriate activity | 1 |

| Collegial relationship | | 12 |
| (for those doctors who have not yet attained vocational registration) | 1 per hour | 12 |

| Additional credits required⁸ | | 8 |
| No annual minimum | 1 |

| TOTAL | | 50 |

5 The exception to this rule is the credits assigned for Collegial Review (10 credits for both reviewer and reviewee).
6 The exception to this rule is for points allocated for university certificates, diplomas and degrees (150 credits for a 15-point paper and 300 credits for a 30-point paper) and Collegial Review, for which 68 credits can be claimed by the reviewee and 40 by the reviewer.
7 Participants in ACLS courses that are longer than one full day may claim credits on a per education hour basis, to a maximum of 40 credits per course. Credits additional to the 12 allowed for resuscitation skills can be claimed in the CME category.
8 To reach a total of 50 credits, an additional 12 credits (for Fellows) and 4 credits (for registrars with a collegial relationship) will need to be completed in any of the above categories.
PART 1

Regulations

Purpose of the programme

Recertification is the mechanism used by the MCNZ in terms of the authority established for it under the Health Practitioners Competence Assurance Act (2003) to ensure that health practitioners are competent and fit to practise. In order to recertify and be granted an annual practising certificate, a doctor is required to undertake a minimum number of hours of CPD activities. These activities should ensure that the doctor remains up to date, continually improves their practice and maintains their professional connections.

The purpose of the College’s CPD programme is to provide a means to enable doctors to log the activities they have undertaken to comply with the CPD requirements for recertification by the MCNZ.

Programme participation

Any doctor who holds an annual practising certificate from the MCNZ is required to report their CPD activities. The College’s CPD programme is the reporting route for doctors who have, or are in training towards, vocational registration in general practice. The College runs two main programme routes for CPD reporting: a triennium programme and an annual programme, as well as some variations on these programme routes.

Who does the triennium programme apply to?

This programme applies to all vocationally registered Fellows of the College who are reporting their CPD normally and who have continued to meet their CPD requirements. The advantage of the triennium programme is that it allows doctors to spread their activities over the three years of the triennium. If fewer activities are undertaken in any particular year (for example, due to a short break from practice) the activities required can be made up in the remaining years of the triennium.

Who does the annual programme apply to?

This programme applies to:

- all doctors who do not yet have vocational registration (for example, doctors in the training programme who have completed their formal requirements but not yet attained Fellowship, and doctors on the provisional vocational scope)
- those who are on special programmes to return to practice or regain their vocational registration
- those who, whilst registered for the triennium programme, have not managed to successfully complete all of the triennium programme requirements.

The annual programme may also, at the determination of the College, be used in other special cases.

Specific recertification requirements

Some doctors may have specific recertification requirements, either as a condition on their practising certificate (for example, doctors returning to practice after a prolonged break), or because of a specific area of practice or advanced competency (such as appearance medicine). These requirements may either be additional to your ordinary CPD requirements (such as a practice visit), or may specify the content area of the CPD requirements (such as clinical audit activities in a special interest area).
Where this is the case, you will be informed of these requirements by your CPD advisor. It is your professional responsibility to ensure that you are aware of, and comply with, any specific requirements that may apply to you.

Doctors who are practising procedures that are out of the scope of general practice are required to maintain a collegial relationship with an appropriately qualified doctor around these procedures. The College must be informed of these arrangements.

**Doctors registered in the non-clinical scope**

Doctors who are registered with the MCNZ as practising in the non-clinical scope of vocational general practice should undertake professional development activities in their own area of practice. The CPD requirements for non-clinical doctors are the same as those for doctors in the clinical scope, except that peer review activities, although recommended, are not compulsory for doctors in the non-clinical scope. The total programme requirement remains at 150 credits per triennium. (Note that non-clinical doctors may choose not to use the College route for reporting their CPD; however, you must contact the MCNZ for further advice regarding your reporting options.)

**Doctors practising in a restricted area of general practice**

All doctors are required to keep up to date with developments in any field in which they are practising.

If you are practising in a restricted area of general practice, you need to ensure that your CPD activities are in an area that is relevant to your practice. This should include appropriate peer review and audit activities.

If you choose to limit your practice to a special area, you need to ensure that your knowledge of the full scope of general practice is up to date before returning to a general practice position. If you have been out of general practice for a significant period of time, we recommend you contact the College for advice regarding an appropriate plan for re-entry to general practice.

**Reciprocal Fellowship with RACGP/ACRRM**

Doctors practising in Australia and who hold reciprocal Fellowship with the Royal Australian College of General Practitioners (RACGP) or with the Australian College for Rural and Remote Medicine (ACRRM) will report their CPD to the RACGP whilst working in Australia. However, if you are intending to hold a New Zealand practising certificate and to practise in New Zealand for any portion of the year, you will need to report your CPD to both Colleges. All activities endorsed by the RACGP or ACRRM for their CPD programme are recognised by the College and can be claimed as endorsed activities.

**Doctors with vocational registration in two scopes**

If you have vocational registration in two scopes and are unsure of your reporting requirements, please contact the College. These requirements will differ depending on the scopes in which you have vocational registration.

**Entering the CPD programme**

The College’s CPD programmes are available to all doctors who are eligible to report their CPD through the College. This includes all vocationally registered Fellows of the College, and all doctors in the training programme who are working towards Fellowship.9

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9 Doctors who do not have vocational registration and are not in the training programme are required to report their CPD through bpac™. Please contact the College or the MCNZ if you are unsure of your requirements.
The College’s CPD programme is also available for doctors who are vocationally registered in general practice and who do not wish to be members of the College. Special rates apply.

New Fellows of the College will be entered to the CPD programme on attaining their Fellowship. Depending on when you join the programme, programme requirements may be calculated on a pro rata basis. You will be required to confirm that you have been granted vocational registration by the MCNZ to continue reporting through the College.

Placing your programme on hold

**Doctors who take a short period of time (three months or less) out from general practice (eg maternity leave, short career break due to illness or family circumstances)**

Doctors who are planning a short break from practice do not need to inform the College of their break from practice. There is no reduction of the CPD requirements in this case. Any shortfall in the amount of CPD undertaken should be made up in the course of the triennium or annum (depending on the CPD programme for which the doctor is registered).

**Doctors who take a period of time out from general practice, or general practice in New Zealand, of between three months and three years**

If you are planning an absence from practice (or practice in New Zealand) for a period of between three months and three years, you may put your CPD programme ‘on hold’. You will need to inform the MCNZ, and your practising certificate will be placed ‘on hold’ for that period. You will not be able to record any CPD activities whilst you are ‘on hold’.

On your return to work, you will need to contact the MCNZ to regain your practising certificate and the College to reactivate your CPD programme. CPD activities and reporting are resumed on a normal basis on return to work, and requirements for the triennium will be reduced on a pro rata basis.

It is your professional responsibility to ensure that you have identified areas for development needed to ensure a successful re-adjustment to practice on your return, and that you plan self-directed learning activities to meet these goals. This may include a period of mentorship (the College can assist with finding a mentor, if requested), and/or a collegial visit organised through the College.

Return to practice

**Doctors who take a period of time out from general practice, or practice in New Zealand, that is longer than three years**

Doctors who wish to return to practice, return to practice in New Zealand, or return to the clinical scope of general practice following a period of time away that is longer than three years will need to submit an application to the MCNZ. You will be required to provide information and documentation regarding your activities during your time away. Depending on your individual situation, conditions may be set on any practising certificate issued. These conditions are likely to include a period of supervision.

If you require any further assistance (such as information about peer groups you can join, local introductions, or a mentor to be appointed), please contact your CPD advisor.

If your time away from practice in New Zealand began before 2004, you may have lost your vocational registration with the MCNZ. You will need to apply to the MCNZ for restoration of your vocational scope and will need to re-join the College’s CPD programme.
Health issues

You must notify the MCNZ if you have health issues that affect your ability to work.

CPD reporting year and practising certificate renewal dates

The CPD reporting year ends (and the new reporting year begins) two months prior to the practising certificate renewal date for all CPD groups. All activities undertaken within the reporting year must be entered to the system before the practising certificate renewal date.

<table>
<thead>
<tr>
<th>If your birthday is:</th>
<th>You are in group:</th>
<th>Your MCNZ practising certificate renewal date is:</th>
<th>Your CPD reporting year is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 June – 31 August</td>
<td>1</td>
<td>1 September</td>
<td>1 July – 30 June</td>
</tr>
<tr>
<td>1 September – 30 November</td>
<td>2</td>
<td>1 December</td>
<td>1 October – 30 September</td>
</tr>
<tr>
<td>1 December – end February</td>
<td>3</td>
<td>1 March</td>
<td>1 January – 31 December</td>
</tr>
<tr>
<td>1 March – 31 May</td>
<td>4</td>
<td>1 June</td>
<td>1 April – 31 March</td>
</tr>
</tbody>
</table>

No extension of time is given to undertake activities for a particular triennium period; however, doctors are able to add to activities previously reported for a period (for example, if they discover that some activity that was undertaken in that time period has not been entered) at any time.

Recording activities

All CPD activities undertaken should be recorded on the College’s online CPD page. Details of how to access the page and instructions for its use are available on the website and can be provided on request by your CPD advisor.

If you have any difficulties accessing and using the online system, please contact your CPD advisor who will guide you through the process.

Reporting reminders

You are encouraged to add your CPD activities to your online page on an ongoing basis. You should, at a minimum, add your activities on an annual basis at the end of your CPD reporting year (prior to your practising certificate renewal date). The College will send a reporting reminder to you two months before your practising certificate renewal date.

Audits of CPD activities

**College evidence audit**

The purpose of the College evidence audit is to ensure that evidence can be provided of CPD activities claimed in the past year. The audit process may also focus on the quality of a doctor’s CPD portfolio and activities undertaken.

All new participants in CPD programmes are audited at the end of their first year of participation. In addition, the College conducts a random audit of CPD activities on 10 percent of doctors per triennium (with no doctor selected in two consecutive triennia). Doctors will be asked to provide documentary proof of attendance at events and/or reflection on activities undertaken.
MCNZ compliance audit

The MCNZ conducts a random CPD compliance audit of all doctors in New Zealand annually. In this process, the MCNZ requests information regarding your compliance with CPD requirements over a six-year period.

If you have indicated on your annual practising certificate application form that the MCNZ may contact the College (the ‘Branch Advisory Body’) about your participation in the College’s CPD programme, the audit request from the MCNZ will come directly to the College. The College will advise you if this is the case and give you an opportunity to update your records.

If your audit response is unsatisfactory, the MCNZ is likely to repeat the audit of your CPD activities the following year and may take further action.

Process for non-compliance

In order to hold a current practising certificate, doctors are legally required to comply in full with the requirements of the CPD programme. The College is required to report to the MCNZ on all doctors who fail to meet programme requirements. This reporting will happen at the end of the triennium or annual programme, as relevant.

The process for doctors who do not comply with their CPD requirements is as follows:

➢ At the end of the programme (triennium or annual programme as applicable), doctors who have not met their requirements will be placed onto an annual compliance programme.

➢ Doctors who fail to comply with audit requests, or who provide inadequate documentary evidence of activities, will similarly be placed onto the annual compliance programme.

Requirements for the annual compliance programme are the same as those for the annual programme, with the addition of a compulsory multisource feedback audit. This must be done through a College-approved provider, at the doctor’s expense.

Progress on the annual compliance programme will be monitored and support will be provided, where possible. Successful completion of this programme will result in a reversion to triennium or annual programme reporting.

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10 The College will provide details regarding available providers. Alternate providers may be used with prior approval.
PART 2

Detailed programme requirements

Triennium programme

A tabular overview of the programme requirements for the triennium programme and the annual programme is provided at the beginning of this book.11

In summary, for the triennium programme, over the three years of the programme participants must:

› update their professional development plan annually
› complete three audits of their medical practice
› complete a minimum of 30 hours of peer review activity
› complete a minimum of 45 hours of continuing medical education activities
› maintain the currency of ACLS skills, and
› spend at least two hours on activities that are related to developing cultural competence.

The above activities total to 121 credits. Participants must take additional activities from any category so that, over the three years of the triennium, a minimum total of 150 hours is spent on CPD activities.

Annual programme

Requirements for the annual programme are:

› Update the annual professional development plan
› Complete one clinical audit activity
› Complete a minimum of 10 hours of peer review activity
› Complete a minimum of 15 hours of continuing medical education activities
› Maintain the currency of ACLS skills, through a certificate not more than three years old
› Spend at least one hour on activities that are related to developing cultural competence
› For those doctors who have not yet attained vocational registration, a minimum of 8 hours of collegial relationship meetings per year.

The above activities total to 38 credits for Fellows, or 46 credits for those who have not yet attained vocational registration. Participants must take additional activities from any category so that a minimum of 50 hours is spent on CPD activities over the course of the year.

Annual compliance programme

The requirements for the annual compliance programme are as per the annual programme above, with the addition of a compulsory multisource feedback survey.

11 All forms and resources are available on the College website. A list of the evidence requirements for each section is provided at the back of the book.
Professional development plan

Requirements

- The doctor’s professional development plan must be written and/or updated annually and should be discussed with a colleague or in a peer group.
- The plan does not need to be uploaded online or sent to your CPD coordinator unless you are under CPD audit, in which case it should be produced as evidence of CPD planning activity.
- Resources to help you to plan your learning goals are available on the website.

A professional development plan should take into account
- professional development needs (over all of the domains of general practice: communication, clinical expertise, professionalism, scholarship, management and context of general practice)
- personal ambitions and goals
- previous goals and whether or not these were achieved
- the practice environment and practice plans.

The plan should be achievable. We recommend that you set a maximum of six goals for the year. More goals can be added at a later stage if you find this useful. Discussion of your plans in peer groups is encouraged and can be claimed as peer review activities. Outcomes of these discussions can feed in to practice or primary health organisation development plans and could form the basis of provider planning for group educational activities for the next period.

It is not expected that the plan will cover all areas of your CPD activities. Not all learning activities can be planned in advance. However, it is important that you spend a small amount of time each year reflecting on your learning needs and planning your activities for the next period, so that at least some of the learning activities that you undertake each year are relevant specifically to you.

Maintaining a rolling plan, which is regularly updated, is better practice than completing the form only once a year. However, the minimum requirement is that the plan is developed and discussed with a colleague or peer group at least once a year.

The format of the plan is not important and the ‘plan’ could consist, for example, of a series of bullet points or a reflective paragraph. However, the plan can be completed online in a standard format, and a downloadable form is provided on the website for those who wish to make use of it.

The professional development plan (PDP) has become a standard feature of professional recertification requirements internationally. The purpose of the plan is to encourage doctors to reflect on their own clinical practice and to ensure that they are undertaking professional development activities that are relevant to their own clinical practice and individual learning needs. Successful learning is more likely to result from participation in learning activities that are planned and individually relevant than from attendance at events that cover topics that are not of interest to you.

Credits allocated

| Triennium programme: | 2 per year |
| Annual programme: | 2 per year |

Minimum credits

| Triennium programme: | 2 per year |
| Annual programme: | 2 per year |

The professional development plan (PDP) has become a standard feature of professional recertification requirements internationally. The purpose of the plan is to encourage doctors to reflect on their own clinical practice and to ensure that they are undertaking professional development activities that are relevant to their own clinical practice and individual learning needs. Successful learning is more likely to result from participation in learning activities that are planned and individually relevant than from attendance at events that cover topics that are not of interest to you.
The criteria for conducting an audit of your medical practice, set by the MCNZ, are as follows:

1. The topic for the audit must relate to an area of your practice that may be improved.
2. The process must be feasible (in that there are sufficient resources to undertake the process).
3. An identified or generated standard must be used to measure current performance.
4. An appropriate written plan must be documented.
5. Outcomes of the audit must be documented and discussed (for example, in a peer group).
6. Where appropriate, an action plan must be developed that will identify and maximise the benefit of the process to patient outcomes. The plan should outline how the actions will be implemented and should include a process for monitoring.
7. Subsequent audit cycles should be planned, where required, so that the audit is part of a process of continuous quality improvement.

The MCNZ definition of the audit of medical practice is ‘a systematic, critical analysis of the quality of the doctor’s own practice that is used to improve clinical care and/or health outcomes or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines’.

The PDSA cycle for conducting an audit of your medical practice

**PDSA cycles – Plan, Do, Study, Act**

The purpose of quality activity is to improve practice through making appropriate changes. PDSA cycles are a useful tool for this purpose, because the approach is simple and systematic. The process guides incremental and continuous change by identifying actions needed to close the gaps in care. (Berwick, D. Institute for Healthcare Improvement, Boston, USA)

**The approach**

- can be applied to any aspect of care or service
- uses learning and reflection to understand the effect of care on outcomes
- guides process improvement to improve quality of life for patients
- works best if there is consideration of patients and whānau/families, or practice populations
- works best when the whole team is involved.

### Audits of medical practice

<table>
<thead>
<tr>
<th>Credits allocated</th>
<th>Minimum credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triennium programme:</td>
<td>10 per audit cycle</td>
</tr>
<tr>
<td>Annual programme:</td>
<td>10 per audit cycle</td>
</tr>
</tbody>
</table>
Audits may be self-designed or could be designed by a practice or primary health organisation (for example). However, the implications of the audit outcomes must be considered individually: each doctor involved in the activity must ask themselves how they can improve their own practice, based on the audit results received. The outcomes of all audit activities should be discussed with a colleague – you are encouraged to discuss these outcomes with your peer group or practice.

Some pre-approved audit tools are available on the website. These include some tools which may be useful to doctors who are in locum positions.

We recommend that:

› one audit activity in each triennium involve patient feedback (tools available include patient experience and satisfaction surveys and critical event audits).
› at least one audit activity in each triennium involves an examination of your individual patient records (this could be a full patient records survey, or may involve a subset of patients and a specific aspect of clinical care).
› not more than one activity in any triennium be based on statistics produced through the practice management system or by the primary health organisation.

Requirements

› Doctors are required to undertake:
  – one audit in a year for the annual programme, or
  – three audits over the three years in the triennium programme.

› All self-designed audit activities require pre-approval. If the audit that you wish to undertake is not already endorsed, the audit application form available on the website must be completed and sent through to your CPD advisor. (The approval process will focus on whether the audit meets the criteria listed above.) All doctors must complete a summary sheet outlining the action plan that they intend to implement based on the audit results for each audit undertaken.

› The audit plan and summary sheet can be completed online and if filled in in full is sufficient for CPD evidence audit. Alternatively, a summary sheet can be downloaded from the website and provided to the College in case of an evidence audit.

› Audit credits are allocated per cycle, where a cycle consists of undertaking an audit and making improvements. Each cycle of activity attracts 10 credits. Credits may not be claimed for three consecutive cycles of the same audit topic.

› A list of College-designed and College-approved audits is available on the website.
Peer review activities

<table>
<thead>
<tr>
<th>Credits allocated</th>
<th>Minimum credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triennium programme: 1 per learning hour</td>
<td>30 per triennium</td>
</tr>
<tr>
<td>Annual programme: 1 per learning hour</td>
<td>10 per year</td>
</tr>
</tbody>
</table>

Credits are allocated per learning hour of activity.

Doctors are required to attend 10 hours per year of peer review sessions on the annual programme or 30 hours over three years on the triennium programme.

Peer groups should be formally registered with the College. Other activities do not require pre-approval; however, if you are unsure whether your activity qualifies as a peer review activity, please contact your CPD advisor for advice.

The primary purpose of peer review is to provide a forum for constructive discussion and collegial support with the purpose of improving clinical care and patient outcomes. Peer review is defined by the MCNZ as ‘an evaluation of the performance of individuals or groups of doctors by members of the same profession or team. It … can include any time when doctors are learning about their practice with colleagues.’

Peer review discussions:

- should be clinical
- should take place in an environment conducive to
  - the confidentiality of the patients being discussed
  - the privacy of the doctors whose work is being reviewed
  - mutual learning
  - professional support and collegiality.

The College recognises the following types of activity as peer review:

- attendance at (or e-participation in) College-registered peer group meetings
- individually designed peer review sessions, such as one-on-one or mentoring sessions with another doctor, and locum hand-over meetings. These sessions should not be conducted with a close partner or spouse
- hospital mortality and morbidity meetings, or similar activities
- locum hand-over meetings that include case-based discussions
- review visits (these must have a clinical focus, such as regular practice review visits)
- colleague feedback (eg a multisource feedback or ‘360’ review)
- discussion of colleague professional development plans.

If you wish to register a new peer group, please contact the College. Doctors practising in remote regions or those practising primarily as a locum and who battle to attend peer group meetings should consider joining a virtual online or teleconference group. It is recommended that peer group size not exceed 12 members and virtual groups not exceed 8 members.

Requirements

- Credits are allocated per learning hour of activity.
- Doctors are required to attend 10 hours per year of peer review sessions on the annual programme or 30 hours over three years on the triennium programme.
- Peer groups should be formally registered with the College. Other activities do not require pre-approval; however, if you are unsure whether your activity qualifies as a peer review activity, please contact your CPD advisor for advice.
Continuing medical education activities

<table>
<thead>
<tr>
<th>Credits allocated</th>
<th>Minimum credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triennium programme: 1 per learning hour</td>
<td>45 per triennium, of which it is recommended at least 15 relate to the achievement of individual learning goals</td>
</tr>
<tr>
<td>Annual programme: 1 per learning hour</td>
<td>15 per year, of which it is recommended at least 5 relate to the achievement of individual learning goals</td>
</tr>
</tbody>
</table>

The MCNZ defines continuing medical education (CME) activities as ‘general educational activities which include attendance at relevant educational conferences, courses and workshops, and self-directed learning programmes’.

The College recognises a range of activities as appropriate for CME:

- Endorsed activities\(^\text{13}\) (including registered provider activity, College-endorsed events or conferences, events endorsed by the RACGP or the Royal Australian College of Rural and Remote Medicine, endorsed online and e-learning activities)
- Collegial activities (including teaching, supervision and work on health-related committees)
- Research
- Postgraduate study (university certificates, diplomas and degrees)
- Practice improvement activities
- Practice accreditation visits (such as CORNERSTONE\(^\text{®}\) and the teaching practice accreditation visit)
- Individually planned learning (any learning activities undertaken that contribute to learning goals, including clinical attachments, international conference attendance, and self-designed activities such as one-on-one learning sessions, reading activities, ‘scanning’ activities such as the use of UpToDate or DynaMed, and other non-endorsed web-based activities, such as viewing podcasts). The ‘learning reflection form’ (downloaded from the website) must be completed in order to claim credits for any of these activities, unless the reflection box has been populated in full when entering the activity online.

Credits can only be claimed for activities in which:

1. the content of the CME provided is relevant and useful to general practitioners in New Zealand.
2. the content of the programme is accurate, up to date, and based on evidence of best practice.
3. events offered meet the criteria set out in the College’s policy on ethics for CME provision:
   - CME sessions do not promote products, brands or incentives.
   - CME sessions give a balanced view of all therapeutic options available for good quality patient management.
   - CME sessions do not promote modes of treatment in areas of practice where accepted management standards are lacking and a balanced argument is not provided.
   - CME sessions do not advocate for experimental treatments and methods that have not been fully evaluated by intervention research, nor for theories and techniques that are not supported by scientific evidence or generally accepted by the medical profession.
   - there is no solicitation of patient referrals at CME sessions.
   - CME sessions are governed by the principles of full transparency and disclosure of any conflicts of interest, including financial interests.
   - any sponsorship of a CME session is publicly acknowledged and is at ‘arm’s length’ from the session content (with no influence on speaker or topics).

\(^{13}\) College endorsement is a signal that quality criteria have been examined during the event endorsement application process. It is not a guarantee of quality, since the College has no control over the actual presentation. If you have any concerns regarding an event that has been endorsed, please contact the College.
If you are intending to claim credits for CME activities that do not carry College endorsement, it is your responsibility to ensure that the activities for which you are claiming credits meet these criteria. You may be required to provide evidence of how the activity met these requirements, if audited.

Requirements

› Credits are allocated per learning hour of activity.
› Doctors are required to attend 15 hours per year of continuing medical education activities on the annual programme, or 45 hours over three years on the triennium programme.
› It is recommended that at least 5 credits per year on the annual programme or 15 credits over three years on the triennium programme be gained through ‘planned learning’ activities. These are any activities (endorsed or self-designed, and including reading and consulting colleagues) that contribute towards meeting individual learning goals.
› The ‘learning reflection form’ can be completed online, or is available on the website. The website also contains a searchable list of events around the country that you may be interested in attending.
All participants in the College’s CPD programmes are required to hold a current certificate (i.e., not more than three years old) in advanced cardiac life support (ACLS). This certificate must be obtained through a College-endorsed provider and must, at a minimum, be at the equivalent level of a New Zealand Resuscitation Council (NZRC) Certificate of Resuscitation and Emergency Care (CORE) Skills course, with content that includes:

- adult collapse management plan
- child and infant collapse management plan
- Automated External Defibrillation
- management of airway obstruction and breathing
- teamwork in medical crises.

This is a minimum requirement and all doctors are expected to train to the level appropriate to their situation. Rural doctors are advised to take a course at the level of the CORE Advanced course.

In order to obtain Fellowship, a registrar must, at a minimum, hold a current certificate in an assessed course at the equivalent level of the NZRC CORE Immediate course.

Courses are normally expected to be a minimum of four hours duration for a CORE Skills equivalent course, six hours duration for an assessed CORE Immediate equivalent course or eight hours duration for a CORE Advanced equivalent course (with expected reading preparation of four hours in all cases).

8 credits are awarded for completion of a CORE Skills or CORE Immediate or equivalent course, and 12 credits are awarded for completion of a CORE Advanced or equivalent course.14

Note that other forms of resuscitation courses undertaken (such as the Advanced Paediatric Life Support, the Advanced Trauma Life Support, or the Early Management of Severe Trauma courses) may be claimed for CME credits on a per education hour basis, but completion of these courses does not fulfill the ACLS course requirement.

14 Participants in ACLS courses that are longer than one full day may claim credits on a per education hour basis, to a maximum of 40 credits per course. Credits additional to the 12 allowed for resuscitation skills can be claimed in the CME category.
Credits are allocated per learning hour of activity. 

For the annual programme, doctors are required to participate in a minimum of one hour (1 credit) of activity relevant to the development of cultural competence or the advancement of Māori health. For the triennium programme, doctors are required to participate in a minimum of two hours (2 credits) of activity relevant to the development of cultural competence or the advancement of Māori health over the triennium.

Activities should be at a level appropriate to the doctor’s background and prior knowledge and may include any activity that is designed to improve cultural competence or Māori health.

Fellows and registrars of the College are expected to have developed their cultural competence skills to a high level and to continue to maintain this. The CPD programme includes the requirement that a small proportion of a doctor’s CPD activities include activities relating to cultural competence at an individually appropriate level.

All te reo and tikanga courses offered through tertiary education providers and district health boards are recognised for the purpose of meeting this requirement. There are a range of other activities that could be undertaken, including patient satisfaction or medical record audits. A list of activities that could be undertaken to meet this requirement is available on the College website.

The College recommends that at least one peer group discussion every three years focus on cultural competence issues.

Requirements

- Credits are allocated per learning hour of activity.
- For the annual programme, doctors are required to participate in a minimum of one hour (1 credit) of activity relevant to the development of cultural competence or the advancement of Māori health. For the triennium programme, doctors are required to participate in a minimum of two hours (2 credits) of activity relevant to the development of cultural competence or the advancement of Māori health over the triennium.
- Activities should be at a level appropriate to the doctor’s background and prior knowledge and may include any activity that is designed to improve cultural competence or Māori health.

<table>
<thead>
<tr>
<th>Credits allocated</th>
<th>Minimum credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triennium programme:</td>
<td>1 per hour of any appropriate activity</td>
</tr>
<tr>
<td>Annual programme:</td>
<td>1 per hour of any appropriate activity</td>
</tr>
<tr>
<td></td>
<td>2 per triennium</td>
</tr>
<tr>
<td></td>
<td>1 per year</td>
</tr>
</tbody>
</table>
Collegial relationship

For doctors who have not yet attained vocational registration

<table>
<thead>
<tr>
<th>Credits allocated</th>
<th>Minimum credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual programme:</td>
<td></td>
</tr>
<tr>
<td>1 per hour</td>
<td>8 per year</td>
</tr>
</tbody>
</table>

Doctors who are registered in the general scope are required by the MCNZ to establish a collegial relationship with a doctor who holds registration in the vocational scope of practice in the same (or related) branch of medicine. This applies to registrars on the training programme who have completed the formal meeting requirements of the training programme but have not yet attained Fellowship.

Requirements

▷ The MCNZ requirement for collegial relationships is a minimum of eight hours (8 credits) per year, which must include formal meetings at least six times per year in the first year and at least four times per year in the years thereafter.

▷ Further information regarding the requirements for collegial relationships can be found on the MCNZ website.
Collegial review

A collegial review is an optional component of the CPD programme.

The focus of the collegial review visit is on helping doctors to reflect on their practice, to consider how their effectiveness could be improved and to identify areas for ongoing professional development.

Doctors who are reviewed

The visit provides doctors with an opportunity to receive informed, external feedback from a peer. This feedback should enable them to identify areas in which they could be focusing their development activities.

The collegial review is not designed to assess minimum competencies for practice, as it is assumed that Fellows of the College have already mastered these minimum competencies. Rather, the focus is on identifying areas for further development, whether this be upgrading or updating existing skills, or making use of strengths in new ways.

The visit is based on in-depth discussion with a colleague and is intended to be developmental, supportive and collegial. It is underpinned by evidence about the doctor’s practice and by the doctor’s reflection on their practice.

The outcome of the visit is a professional development plan which the doctor will create, based on their conversation with the reviewer. This plan should outline some broad goals for the next period. It is not intended to prescribe all CPD activities to be undertaken.

The collegial review should contribute to an individual’s ongoing professional development through systematising a ‘plan, act, reflect and improve’ cycle of personal engagement with professional development opportunities.

A doctor can elect to undertake a collegial review visit at any time in the triennium. The visit must be organised through the College (ie cannot simply be a visit organised between peers) and does carry a cost. Further information about the visit can be found on the website (or contact your CPD advisor).

Doctors who are reviewed can claim a total of 100 credits, made up as follows:

- Professional development plan reviewed: 2 credits
- Audit of medical practice
  - record review: 10 credits
  - patient feedback reflection: 10 credits
- Peer review: 10 credits
- CME – planned learning: 68 credits

TOTAL: 100 credits

Collegial reviewers

Collegial reviewers are required to:

- be a College Fellow
- be in good standing with MCNZ and College and have no conditions on their practising certificate
- be practising at least 2/10ths in general practice (except in exceptional cases)
- have a minimum of five years’ experience as a Fellow in general practice.

All reviewers are required to have attended a College training session or completed an online training course on the collegial review process.

There is a small professional fee which is claimable for each visit undertaken.

Collegial reviewers may claim a total of 50 credits in a triennium (maximum, regardless of the number of reviews conducted). This is comprised of:

- Peer review activity: 10 credits
- CME (collegial activity): 40 credits

TOTAL: 50 credits
Participation in practice accreditation visits

(such as CORNERSTONE®)

Credits for participation in practice accreditation visits can be claimed on the basis of activities undertaken and hours spent.

Any audit undertaken for CORNERSTONE® or Foundation Standard purposes that has a focus on the practice of the individual doctor, and for which the doctor completes the online form noting areas identified for improvement, can be claimed as an audit of medical practice for CPD purposes. This includes use of the College’s Medical Record Review self-audit tool (if completed by the doctor themselves and the Report and Plan Template is completed) and Patient Feedback Survey (provided that at least 35 patients are surveyed for each individual doctor, and the result analysis template is completed).

Quality improvement activities undertaken towards CORNERSTONE® or Foundation Standard accreditation, such as the development of practice policies and procedures, practice planning or feedback sessions can be claimed as a CME activity on a per hour basis.

Audit activities that can be claimed for CORNERSTONE® or Foundation Standard activities

Audit of medical practice

Audit activities created by organisations (practices and PHOs) require pre-approval by the College. An audit must include an examination of the individual doctor’s practice in order to be eligible for CPD and the audit summary sheets identifying areas for individual development must be completed by the individual doctor.

- **Content of Medical Records** 10 credits
- **Patient Survey** 10 credits
  
  If the doctor uses the BPPQ (Better Practice Patient Questionnaire) completion of the Report and Plan template finishes the cycle. A minimum of 35 patients are to be surveyed for an individual doctor.
- **Incident Management** 10 credits
- **Any other pre-approved audit** 10 credits

We recommend that each of the following is audited in a six-yearly cycle:

- Patient feedback survey (which must include feedback on the individual doctor)
- A patient record and/or referral letter audit
- A prescribing audit (a general comparison of prescribing with local or national norms or an audit of specific prescribing practice)
- A screening and immunisation audit (on any specific topic)
- An audit of chronic and long-term conditions (on any specific topic)
- An equity audit (on any specific topic).

CME

All activities are eligible for 1 credit per hour.

- **Practice improvement activities**
  - Activities to improve quality systems
  - Self-assessing against Foundation Standard
  - Guideline/protocol/resource development
  - Feedback session at the end of the visit

- **Collegial activities**
  - Assessor’s role
  - Training associated with an assessor’s role
  - GP representation on committees
The table on the next page provides a summary of the evidence that a doctor is required to provide on audit for each type of CPD activity claimed.

In general, a certificate of participation is not required for activities that involve the completion of a summary sheet (audit activity) or a reflective statement (eg any personal learning activity undertaken as ‘planned learning’). For activities for which reflection is optional (eg attendance of endorsed events), a certificate of participation must be produced if you choose not to complete the ‘reflective’ statement. A certificate must always be produced as evidence of a resuscitation course undertaken.

All activities include an online option for form completion, and/or uploading of certificates and other documentation. If forms are completed online and certificates and other documents are uploaded to your CPD portfolio, no additional evidence will need to be provided if you are selected for evidence audit.

For all activities for which forms are not completed online or certificates and other documentation uploaded to the CPD portfolio, documentary proof should be retained for a period of six years (two triennia).
<table>
<thead>
<tr>
<th>Section</th>
<th>Forms and evidence required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional development plan</strong></td>
<td>A professional development plan must be created by the doctor and discussed with a colleague or peer group. The plan does not need to be in a specific format. The plan can be completed online (in which case, no further evidence will be required). Plan templates are also available on the website. If the plan is completed in hardcopy, it must be kept to produce as evidence if the doctor is selected for evidence audit; alternatively, it can be attached to the online entry.</td>
</tr>
<tr>
<td><strong>Clinical audit</strong></td>
<td>The audit description and summary box must be completed for each claimed audit activity. This box requests details about the topic, why the topic is important, desired standard, data collected, areas targeted for improvement, and peer discussion date. The form can be completed online (if all non-mandatory fields are populated, no further evidence is required) or on the template available on the website. If the form is completed in hardcopy, it must be kept to produce as evidence if the doctor is selected for audit.</td>
</tr>
<tr>
<td><strong>Peer review activities</strong></td>
<td>For regular peer group activities, the dates of the meetings and time claimed should be entered into the online system. No further evidence is necessary. For all other types of peer review activity, a diary should be maintained and produced on request that contains details of the description of the activity, the date, topic, and the number of hours spent.</td>
</tr>
<tr>
<td><strong>Continuing medical education (CME)</strong></td>
<td>If details of CME attendance have been uploaded to the system by a College-registered provider, no further evidence is required. For all other activities, either a certificate of attendance or a completed learning reflection form is required if the doctor is selected for audit. Certificates of attendance can be uploaded to the online system at any time (and will then not need to be produced for evidence audit), and the learning reflection form can be completed online (if all non-mandatory fields are populated, no further evidence is required). If the form is completed in hardcopy, it must be kept to produce as evidence if the doctor is selected for audit. If credits are claimed for non-endorsed CME activities, you may be requested to provide evidence that the activity meets the College quality criteria.</td>
</tr>
<tr>
<td><img src="image.png" alt="Image" /></td>
<td><img src="image.png" alt="Image" /></td>
</tr>
<tr>
<td><strong>Resuscitation skills</strong></td>
<td>Resuscitation skills certificates are obtained from the provider and must be uploaded to the online system.</td>
</tr>
<tr>
<td><strong>Cultural competence</strong></td>
<td>Cultural competence activities undertaken may result in a certificate of attendance (to be uploaded or kept for evidence), or can be supported through the completion of a learning reflection form (or the online reflection field).</td>
</tr>
</tbody>
</table>

If you have any difficulties accessing and using the online system please contact your CPD advisor who will guide you through the process.